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Informed Consent for Group Process

<u>Group Process</u>. Group counseling can be a powerful and valuable environment for healing and growth. It is the desire of your group therapist(s) that you reap all the benefits group has to offer. To help this occur, groups are structured to include the following elements: A safe environment in which you feel respected and valued as you work, an understanding of group goals and group norms, and an investment by both your therapist and members to produce a consistent group experience.

The Experience: A cohesive, trusting environment is created and maintained by both the therapist of the group and its members. Mutual respect and a chance to create trust are primary goals of the group process. Achieving this environment relies on confidentiality. Your group therapist is bound by law to maintain confidentiality, as group members are bound by honor to keep what is said in the group in the group. We realize that you may want to share what you are learning in group with a family member. This is fine if you remember not to talk about how events unfold in the group or in any other way that compromises the confidentiality of group members. Being able to express themselves freely in the group, is part of the process of learning to become more honest with oneself which leads to an improvement in the choices one wants to make.

If there is ever a time when you believe that you have been treated unfairly or disrespectfully, please talk with me, or contact the Oregon Board of Licensed Professional Counselors and Therapists (503-378-5499) at 3218 Pringle Rd., Suite 120, Salem, OR 97302. It is never any intention to cause this to happen, but sometimes misunderstandings occur. We want to address any issues that may get in the way of therapy as soon as possible.

Confidentiality: Ordinarily, all communications and records created in the process of counseling are confidential. There are exceptions to confidentiality, including the following: (a) if you threaten grave or bodily harm or death to another person, I am required by law to notify the appropriate parties or authorities; (b) if a court of law issues a legitimate court order (signed by a judge), I am required by law to provide the information specifically described in that order; (c) If you reveal information relative to child abuse, child neglect, or elder abuse, I will report this to the appropriate authority; (d) If you are in therapy by order of a court of law, the results of the treatment ordered must be revealed to the court; (e (f) to comply with the USA Patriot Act and other federal, state or local laws, and (g) If you are seeking payment through an insurance company, I will be required to reveal confidential information to them (each insurer is different in what information they require). No part of this group process constitutes a psychological evaluation or fitness for duty evaluation. Therefore, I will not relay any opinions on your ability to work to your agency.

Interacting: I often offer training, CISD, ride-alongs, and program development for first responder agencies. It is possible that we will encounter each other in these situations. To safeguard your confidentiality, I will treat you as if we have not met nor spoken outside of the workplace. It is your choice to disclose that we know each other outside of the workplace event.

Please do not use messaging on social networking sites such as Twitter, Facebook, or LinkedIn to contact me. These sites are not secure, and I may not read these messages in a timely fashion. Do not use wall postings, @replies, or other means of engaging with me in public online if we have an already established client/therapist relationship. Engaging with me this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart.

Email: I prefer using email only to arrange or modify appointments. Please do not email me content related to the sessions, as email is not completely secure or confidential. As work emails are public record, it is highly recommended that you use your discretion in choosing to use that means whereas a personal email is not subject to public record. If you choose to communicate with me by email, be aware that all emails are retained in the logs of your and my Internet service providers. It is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. You should also know that any emails I receive from you and any responses that I send to you become a part of your legal record.

Records: You have a right to review your records. Record review requests must be made in writing. Reasonable copy and consultation fees apply. I prefer to give you the documentation in person and discuss the information you request, versus mailing you the documents to minimize the possibility of being intercepted by others or misinterpretation. I do not keep any "secret notes", so please do not ask me to do so. Any part of your record in the files can be released to you, or any person or agency you designate if all necessary releases of information have been given. Records will only include your personal progress with the group process and topics discussed. I will tell you at the time whether I think releasing the information in question to that person or agency might be harmful in any way to you.

Availability of Services and Safety: This practice does not have the capability of providing emergency services or responding immediately to emergencies. Emergencies should be directed, as appropriate, according to the respective need. For life threatening emergencies, call 911. For mental health emergencies you may contact Washington County Crisis at (503) 291-9111 or CopLine at 1-800-COPLINE (267-5463) or FireStrong at 1-844-525-FIRE (3473). If you contact me, I will respond back to you as quickly as possible. There may be times that I am not able to respond back to you for a couple of days. In such cases, please contact First Responder Psychology at 971-727-5769.

<u>Other Safety Concerns</u>: Members of a group may not use drugs or alcohol before or during group. Members of a group should not engage in discussion of group issues outside of group. Members of group should remember that keeping confidentiality allows for an environment where trust can be built, and all members may benefit from the safety of being able to participate without privacy concerns. Your group therapist(s) will monitor discussions and maintain a respectful environment to keep safety and trust a priority.

Attendance: Your presence in the group is very important. A group dynamic is formed that helps create an environment for growth and change. If you are absent from group, this dynamic suffers and affects the experience of you and other group members. Understandably, emergencies prevent you from attending group. If you are faced with an emergency or sudden illness, please contact your group therapist (s) before group begins to let them know you will not be present. Since it usually takes several group sessions for clients to "settle in" and receive the full benefits a therapy group provides, we ask that you try to attend 6-8 sessions. If, for any reason, you are not able to complete group, we ask for a one-week notice so that you and other group members may have some closure with this group.

Financial: The fee for this group is \$20.00 per 60-minute session. You are responsible to pay for each session. There will be no fee charged if you are unable to attend the group (i.e., there is no cancellation/no-show fee.) Like regular co-pays, payments are due on the day of the group session and will be invoiced on the morning of the scheduled session.

I have carefully read, or have had read to me, the policies for First Responder Psychology, L.L.C.

Statement of Informed Consent to Treatment

agree to all the inforn	knowledge that I have rece nation presented and I nov al dependents to begin trea	v want to freely give my ir	nformed consent for
Printed Name	Signature	Date	
to process this claim	ce) I authorize the release I authorize payment of the following the state of the fuses to sign, First Respondations of the state of th	medical benefits to the cl	linician for services
Printed Name	Signature	Date	